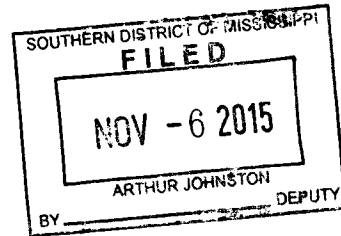


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983
IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

COMPLAINT

Naquin 2015010057
 (Last Name) (Identification Number)
Michael, Anthony
 (First Name) (Middle Name)
Rankin Co. Jail
 (Institution)
221 N. Timber St. Brandon, Ms. 39042
 (Address)
 (Enter above the full name of the plaintiff, prisoner and address
 of plaintiff in this action)



V.

CIVIL ACTION NUMBER: 3:15-cv-804-WAB-JCG
 (to be completed by the Court)

Rankin County Jail et al.
Sheriff Bryan Bailey
Lt. James Rutland and jail
staff
 (Enter the full name of the defendant(s) in this action)

GENERAL INFORMATION

- A. At the time of the incident complained of in this complaint, were you incarcerated?
 Yes (✓) No ()
- B. Are you presently incarcerated?
 Yes (✓) No ()
- C. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?
 Yes () No (✓)
- D. Are you presently incarcerated for a parole or probation violation?
 Yes () No (✓)
- E. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes () No (✓)
- F. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?
 Yes () No (✓)

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank.)

I. Name of plaintiff: Michael Anthony Naquin Prisoner Number: 2015010057

Address: Rankin County Jail
221 North Timber St.
Brandon, Ms. 39042

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions and places of employment of any additional defendants.)

II. Defendant: Bryan Bailey is employed as Sheriff
Lt. James Rutland jail administrator
at Rankin Co. Sheriff's Dept. and jail

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME:	ADDRESS:
<u>Michael A. Naquin</u>	<u>221 N. Timber St. Brandon, Ms. 39042</u>
<u>home address</u>	<u>910 Forrest Dr. Apt. 15-J Brandon, Ms. 39042</u>

DEFENDANT(S):

NAME:	ADDRESS:
<u>Sheriff Bryan Bailey</u>	<u>221 N. Timber St. Brandon, Ms. 39042</u>
<u>Lt. James Rutland</u>	<u>221 N. Timber St. Brandon, Ms. 39042</u>
<u>Rankin Co. Sheriff's Dept. jail et al</u>	<u>221 N. Timber St. Brandon, Ms. 39042</u>

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any lawsuits in a court of the United States? Yes () No (✓)
- B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse of this page or additional sheets of paper.)

CASE NUMBER 1.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

CASE NUMBER 2.

1. Parties to the action: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket Number: _____
4. Name of judge to whom case was assigned: _____
5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?) _____

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet(s) if necessary).

On October 23rd, 2014 I was arrested by Brandon Police Dept. and placed in the Rankin County Jail, processed in and placed in cell 208 where I promptly went to sleep and slept all the way up to when the doors in 208 were unlocked for the lock down procedure when all inmates are supposed to enter their own cells for nightly lockdown. At that time I was awakened by a violent beating administered by 3 inmates I did not know. I was pulled off the top bunk, thrown on the concrete floor and beaten bloody and senseless. Later I was carried out of the cell and taken

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I desire that the security measures in this jail be revamped where-as this can't happen to anyone else. I desire for further medical care regarding my injuries to be given and covered by Rankin County. I seek \$25,000.00 damages for pain and suffering incurred and hospital cost be paid.

Signed this 3rd day of November, 20 15.

I declare (or certify, verify or state) under penalty of perjury that the foregoing is true and correct.

Michael Naquin
Signature of plaintiff

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by ambulance to River Oaks Emergency Room in Brandon with extensive injuries to my head, body and back. My right eye lid had to be sewn back together, ^{and Both Eyes swollen shut} my ribs were severely bruised with trauma injuries to my back from which I am still having problems. Upon return to the jail I was placed in medical isolation unaware of what had happened to me and why. The following day I was taken to the investigative unit of Rankin Co. Sheriff's Dept. and questioned by the jail administrator Lt. James Rutland and Dept. investigators. All they asked me was if I wanted to press charges against the inmates who assaulted me. I replied I did not know the identities of the inmates. then Lt. James Rutland replied "ok his ass down" and I was returned to medical isolation where I was held for 12 days without a phone call, visitation, nor further medical care from River Oaks Hospital and my bond hearing was delayed until my stitches were removed and my facial and body bruises were healed. I was not allowed contact with anyone but the jail nurse and the medical officer for 12 days even though I begged for a phone call and to have a handset. My Nurses name was Heather Kennedy. After they moved me out of isolation into 214 and was given a bond the following day and bonded out. While in 214 I found out from inmates I was beaten by gang members because a note had been passed into 206 by a trustee from 207. The tower officer was also involved. I was informed I was beaten because of a jealousy involving a woman I know and it was allowed to take place. I was denied security (protection), denied proper medical care and denied phone calls until my bruises were gone and this incident was "swept under the carpet". I almost lost my life due to neglect and greed. I had done absolutely nothing wrong while incarcerated in this jail to deserve any of the treatment I received from inmates and jail staff. I wish to file suit regarding this incident and seek remedy for myself and hope to prevent this from happening to anyone else. This incident is recorded in jail logbooks and River Oaks Hospital.